STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING _ HAL054064 03/09/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1406 EAST SHINE STREET CARE ONE MEMORY UNIT OF KINSTON KINSTON, NC 28501 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} This is a Report of a Construction Follow-up Survey conducted by Greg Cates on March 9, 2016. Most of the previously cited deficiencies have been corrected however some deficiencies remain incomplete and require further action. {C 155} Floors-Non-skid, in Good Repair {C 155} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable: (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observations, the facility has failed to maintain the floors in good repair. Findings on March 9, 2016: a. Bedroom 3 - the floor tiles were installed with too much adhesive and the excess adhesive was now oozing out the joints and is collecting dirt. b. Bedroom 3 - the floor tiles are chipped, and broken near the bed and at the window closet threshold area. creating a tripping hazard. d. Bedroom 4 -the sheet vinyl was turning up at the closets, creating tripping hazards. e. Bedroom 5 -the sheet vinyl was turning up at the closets, creating

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
				A. BUILDING.			,
		HAL054	1064	B. WING		03/0	9/2016
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CARE O	NE MEMORY UNIT OF	KINSTON		T SHINE STI , NC 28501	REET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 155}	Continued From pa	ge 1		{C 155}			
	tripping hazards,						
{C 164}	Housekeeping and	Furnishings-0	Clean, Repaired	{C 164}			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, ceil coverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities.	es shall: ings, and floo n and in good c unpleasant ollean and in g	rs or floor d repair; odors; ood repair;				
	This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair.						
	Findings on Ma	rch 9, 2016:					
	door was marre i. Bedroom 5 was damaged,	from a past in the corridor in it where contains the second of a hole in it where the back of ed up, the window the ar Laundry it was collection.	roof leak, side closet orridor door es were corridor side there corridor the corridor closet door - the FRP ng dirt,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
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HAL054064			B. WING 03/09/2016			9/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CARE O	NE MEMORY UNIT OF	KINSTON	T SHINE STI , NC 28501	REET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
{C 164}	Continued From pa	ge 2	{C 164}			
	broken glass pa	throom (Side Hall) - had a ane in an exterior window, 2 - the floors were marred				
{C 166}	Housekeeping-Mair	ntained Free of Hazards	{C 166}			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.					
	equipment was not by not have properl This could affect all not protecting them broken or missing p	rvation, the Building plumbing maintained in a safe manner y working or installed parts. I residents, staff and visitors by from falls or injury due to parts.				
	Findings on March 9, 2016:					
		near Laundry - the ne commode to the floor				
{C 189}	Building Equipment Maintained Safe, Operating		{C 189}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED			
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CARE ONE MEMORY UNIT OF KINSTON 1406 EAS			DRESS, CITY, S T SHINE STI , NC 28501	STATE, ZIP CODE REET				
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{C 189}	NE MEMORY UNIT OF KINSTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		{C 189}					
	Findings on Ma	rch 9, 2016:						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		HAL0540	164	B. WING		03/0	R 19/2016	
NAME OF F	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE			
CARE O	NE MEMORY UNIT OF	KINSTON		T SHINE STI , NC 28501	REET			
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{C 189}	Continued From pa	ge 4		{C 189}				
	b. Attic (entire to exhaust fan j secured to the j connector,11. Based on obse meinteined in a oef	unction boxes, junction box wi rvation, the Bu	were not th romex ilding was not					
	maintained in a safe and operating condition, because the heating ventilation and air conditioning was not being operated or maintained safely. This would affect all residents, staff and visitors by allowing unsafe conditions to persist.							
	Findings on March 9, 2016:							
	 a. Attic (front) separated allow into the attic, b. Attic - the crated constructivitiehen hood downstructivity 	ving the conditione-hour fire-resion around the uct did not exte	oned air sistance- commercial					
{C 199}	Exhaust Ventilation			{C 199}				
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (g) The spaces list provided with exhaut two cubic feet per nature requirement does no before April 1, 1984 these specified spat (1) soiled linen stor (2) soil utility room; (3) bathrooms and (4) housekeeping of	ed in this Para- ust ventilation a ninute per squa tot apply to faci with natural v ces: rage; toilet rooms;	graph shall be at the rate of are foot. This ilities licensed					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
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HAL054064			B. WING 03/09/2016			9/2016	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CARE O	NE MEMORY UNIT O	F KINSTON	T SHINE ST , NC 28501	KEEI			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE		
{C 199}	(5) laundry area. (k) This Rule shall facilities with the exwhich shall not app. This Rule is not m. 1. Based on Observide an environing Rule by not maintate equipment/comporcould affect all resisubjecting them to. Findings on Mattic (entire exhaust fan du disconnected f	apply to new and existing acception of Paragraph (e) bly to existing facilities. et as evidenced by: ervation, the facility failed to ment in accordance with this ining the ventilation nents good working order. This dents, staff and visitors by odors. erch 9, 2016:	{C 199}				

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